

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

Application Number	09/681,655
Filing Date	May 16, 2001
First Named Inventor	Lawrence O'Gorman
Examiner Name	Samir Anwar Ahmed
Art Unit	2623
Attorney Docket No.	01-VD-093C1 (850063.585C1)

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**1,810**
METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, **except for the filing fee**
☐ Charge any additional fee(s) or underpayments

☒ Charge any underpayments or credit any overpayments

of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES			SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100		_____
Design	200	100	100	50	130	65		_____
Provisional	200	100	0	0	0	0		_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
<u>9</u> -20 or HP =	<u>0</u> X	<u>0</u> =	<u>0</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20				
				<u>0</u> <u>0</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>3</u> -3 or HP =	<u>0</u> X	<u>0</u> =	<u>0</u>

HP = highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -100 =	_____ /50 =	_____ (round up to a whole number)	x	_____

HP = highest number of total claims paid for, if greater than 20

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination (RCE)Extension of Time (3 months)**Fees Paid (\$)**7901020**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	31,153	Telephone	206-622-4900
Name (Print/Type)	David V. Carlson	Date	January 12, 2005		